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CONFIRMATION NO. 2819

SERIAL NUMBER 10/698,148	FILING OR 371(c) DATE 10/31/2003 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. VALTX.001A
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APPLICANTS

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Eight PS

** CONTINUING DATA *****

This appln claims benefit of 60/422,987 11/01/2002 and claims benefit of 60/430,857 12/03/2002
and claims benefit of 60/437,513 12/30/2002
and claims benefit of 60/448,817 02/21/2003
and claims benefit of 60/480,485 06/21/2003
and claims benefit of 60/428,483 11/22/2002

yes PS

** FOREIGN APPLICATIONS *****

None PS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 02/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 64	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Phillip Gray</i> Examiner's Signature	<i>PS</i> Initials		

ADDRESS
20995

TITLE

Apparatus and methods for treatment of morbid obesity

FILING FEE RECEIVED 884	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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